

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 417)**

SERIAL NO.  
**107081240**  
APPLICANT

FILING DATE

**7-19-06 CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1					1	
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TOTAL NO.						
TOTAL OFF.						
TOTAL						

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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